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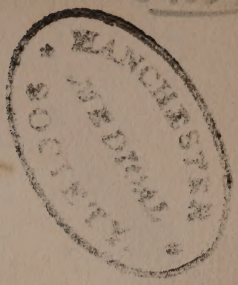
THE DISORDERS OF FEMALES

CONNECTED WITH

Uterine Irritation.



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ON

THE DISORDERS OF FEMALES

CONNECTED WITH

UTERINE IRRITATION.

BY

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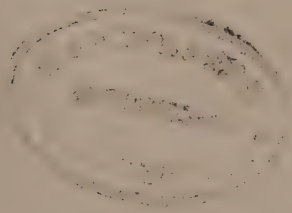
MEDICAL SCHOOL OF GUY'S HOSPITAL

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BY HIS FRIEND,

THE AUTHOR.



Erratum, *page* 4, *line* 20, *for* champion *read* champions.

PREFACE.

HAVING been honoured with a share of the Clinical duties in the Medical School of Guy's Hospital, I availed myself of a few Cases admitted into the Female ward, to illustrate, to the best of my ability, a very prevalent and very important class of diseases which had long engaged my attention, a class of diseases most seriously affecting the health and comforts of Female life, and consequently fraught with the deepest interest to the Profession. It was after the delivery of a general Lecture on the subject that I was recommended by a few friends, upon whose candour I thought I could rely, to publish my opinions. To this, I can truly affirm, I felt considerable reluctance. I was too much occupied in the performance of la-

borious public duties to compose such a work as might be deemed worthy the acceptance of the Profession, whilst I had little inclination to intrude upon their notice so slender a production as a Clinical Lecture. It is of very little consequence how or why I overcame such scruples: suffice it to say, that the opinions advanced were adopted with caution, and have stood the test of several years of the veriest professional drudgery. If the merit of these opinions be small, it is the more commensurate with my pretensions; if I fail to multiply the means of relief, let me at least indulge the hope that I may have diminished the sources of error. To the experienced practitioner the contents of this little pamphlet may appear as trifling as its form and style are unattractive and homely; but, should it contribute in any degree to preserve the Junior Members of the Profession from those errors into which I myself have fallen, I shall not regret having permitted its publication.

T. A.

24, *New Street, Spring Gardens,*
March 13, 1830.

ON

THE DISORDERS OF FEMALES,

CONNECTED

WITH UTERINE IRRITATION.

GENTLEMEN,

THE object of this lecture is to make you acquainted with the morbid effects produced upon the general constitution, and upon particular parts of the body, by continued *Uterine Irritation.* In making the attempt, some apology is probably due to my excellent friend and colleague, Dr. Blundell, for thus encroaching upon his particular province. But, Gentlemen, if I am correct in attaching an unusual degree of importance to the subject, and can succeed in imparting any really useful and practical knowledge to you, I am too sensible of

the zeal, intelligence, and liberality of my friend, to entertain the least apprehension of giving him offence.

There are few circumstances more powerfully calculated to excite serious reflection in the breast of one acquainted with the history of our profession, than a knowledge of the various opinions that have at various times prevailed respecting the nature of disease in general; opinions, which, like disease itself, have been observed to have their rise, height, and decline; opinions which have for the most part held sway, or been revived, rather in deference to the authority of a great name, than to the results of legitimate and dispassionate investigation. When the Egyptians attributed disease to the influence of demons of the air, they, perhaps, did a very foolish thing; but before we consign them to ridicule and contempt, we ought, in justice, to award to them the merit of having been just as intelligible, and quite as reasonable, as many of the reputed lights of after-ages. Hippocrates had his *nature*, his *humours*, and his *concoction; Asclepiades* had his *pores* and *corpuscles; Themison*, his *stricture* and *relaxation;* the *Galenites* added their own absurdities to those of

Hippocrates, and kept possession of the medical schools for 1,500 years, whilst in more modern times, fancy has equally run riot, and furnished ample material for the strife of opinions.

It may indeed be alleged in reply, that such evils, such imperfections, were not absolutely inseparable from physic, but resulted rather from the deplorable ignorance of those who professed it. Now, Gentlemen, this may be true, yet with all the advantages we at present possess, with all the improvements of our own times, we still have to deplore the very imperfect state of medical science. The functions of the human body are so numerous and complicated, they are so intimately connected with, and dependant upon each other, and their derangements are so diversified according to age, constitution, and other circumstances that, amid the obscurity attendant upon all vital phenomena, it would be little short of a miracle were all observers precisely to agree in the various relations of cause and effect. Hence the diversity of opinion prevailing even at the present day, in diseases too, of repeated and daily occurrence, and amongst men equally meritorious, and equally deserving our respect.

The distinctions of *general* and *local* diseases, at one time undisputed and apparently well, or at least boldly defined, have in our days, undergone such an ordeal as to leave us in doubt of their very existence; whilst we have seen arising from the ashes of former opinions another 'loop to hang a doubt upon;' we have seen one party contending for the *constitutional* origin of *local* diseases, another party, with equal plausibility, contending for the *local* origin of disorders formerly believed to be *general;* whilst a very numerous class of important diseases constitute at the present day a sort of neutral ground, concerning which there appears to exist a truce amongst all parties; a truce, however, only to be observed until the decision of present contests shall afford time and opportunity to break it. Thus, *fevers* were from time immemorial regarded as *general* diseases, but are now traced, or are attempted to be traced, to originally *local* disorder, the champion of the cause being *Clutterbuck*, in this country, and *Broussais* in France. On the other hand, various diseases, formerly regarded and treated as purely *local*, have been traced to a *constitutional* origin; the great champion of the cause being our distinguished countryman, Mr.

Abernethy; whilst the *phlegmasiæ*, as they are called, form the neutral ground of which I have spoken—a neutral ground, which, like Poland of old, remains in reserve, as a prize to the victors; for, although tacit, but reluctant assent refers them to the class of *local* disorders, doubts and disputes have ever and anon crept in to disturb the creed. Individuals have observed, or have imagined they have observed, that in many of these phlegmasiæ, in many of these reputed *local* inflammations, the *general* or febrile symptoms often anticipate the *local* inflammation, and consequently cannot be truly said to be secondary or symptomatic of that local inflammation; neither are the *general* symptoms at all times in proportion to the degree of the *local* inflammation, which ought to be the case, were the general symptoms purely symptomatic, as may be repeatedly witnessed both in Catarrh and in Rheumatism.

Now, all this abundantly attests the many difficulties which oppose themselves to the attainment of truth; it teaches us humility in the pursuit; it furnishes an apology for the many errors we all of us commit in the exercise of a profession, founded upon general and ever varying princi-

ples—principles the result rather of multiplied observation and experience, than deducible from any distinct knowledge of the vital endowments of the human frame. But, Gentlemen, this diversity of opinion in regard to the constitutional or local origin of disease, teaches us, at the same time, a most impressive lesson as to the intricate and intimate connexions existing between the different systems and organs of the living body;—it proclaims, in language which cannot be misunderstood, the danger, the folly of reasoning upon the functions of the living body, as if it were a mere piece of mechanism; and confirms the important truth, that, whether we call a disease general or local in its origin, the sympathetic or secondary effects which arise during its progress, will vary and require correction widely different from what we observe in any derangement, however complicated, of wheels and levers. If a mere piece of mechanism go wrong, from some defect in one of its parts, although it may derange the movements of the whole, so long as the partial defect is allowed to remain, yet it will generally be found, that it is only necessary to correct that original defect to restore the whole to regular order; not so with the living body, for the

secondary effects, as well as the primary disorder, must be combatted, in order to restore the entire machine to a healthy condition: nay, so true is this, especially in what we call *idiopathic fever*, that the secondary or sympathetic affections often demand our special and almost exclusive attention, whilst they constitute the chief sources of danger and alarm. Again, let us reverse the position, and let us suppose a person to receive a severe *local* injury from external violence, we shall presently have the whole system participating in the disturbance, and perhaps to such an extent, as to constitute by far the most important and most prominent feature of the case.

Now, in the instances quoted, the sympathetic or secondary disorders are so manifest, and are so uniformly present, that so far from questioning the connexion, we look for them as a matter of course, and, in short, are apt to regard the combination as merely constituting one entire disease. But, suppose the general disorder of the frame to be tardy and insidious in its approach; suppose it, from the nature of the offending cause, to steal almost insensibly upon the patient, its presence not being indicated by any signs or symptoms, very oppressive to the indi-

vidual, or very obvious to an ordinary observer,—I say, suppose such a case, and then it is, that the connexion between the general disturbance and divers local disorders is liable to be overlooked. It was, in pointing out this almost latent connexion ; it was in demonstrating this important but neglected truth, that raised, and justly raised Mr. Abernethy to the highest eminence in his profession. His acuteness and penetration enabled him to trace the insidious march of diseased action from the imperfect digestion, and assimilation to the general contamination of the constitution, and thence to divers forms of local disorder in the different tissues and structures of the body; a principle of vast application in the practice both of physic and surgery—a principle, the elucidation of which will ever rank Mr. Abernethy amongst the most gifted and most successful cultivators of medical science. But, Gentlemen, whilst I freely pay the tribute of my respect and admiration to this distinguished individual, I fear we must admit that this, like other human benefits, has not been without its alloy. The whole history of physic is a history of extremes, to which, indeed, there appears to be at all times and in all matters, a remarkable proneness in the human

mind. Not only are we liable to be captivated by a newly discovered truth, not only are we liable to fall into excess in its application, but we are moreover extremely apt to doubt, neglect, or even reject our previous knowledge, merely because it happens to form a part of the creed of those who lived before us, and whom we are too much given to regard with complacent contempt. Mr. Abernethy's work on the *Constitutional Origin of Local Diseases*, I need not repeat, shed a new light upon numerous diseases, previously ill understood; but, Gentlemen, I cannot persuade myself, that it did not at the same time have the effect of diverting attention too much from the opposite of his position, from the consequences of *insidious local irritation* upon the *general constitution*. Proceeding with something little short of enthusiasm upon the newly established principle, men began to discover a purely constitutional origin for all local disorders; they forgot, or at least slighted the secondary effects produced upon the general system, by the continuance of local irritation, and regulated their practice accordingly. Of course, I now speak of that form or species of local irritation, which proves injurious rather from its *continuance* than



from its immediate *severity;* and it is the form of local irritation to which I am anxious in this lecture to solicit your earnest attention—an irritation often so slow and gradual in its approach, as to pass unheeded by the sufferer, and overlooked by the practitioner; an irritation nevertheless, which, whatever may have been its origin, shall by its continuance insidiously undermine the general constitution, and give rise to remote consequences subversive of almost every personal comfort—I mean then, Gentlemen, *Uterine Irritation.*

I will not occupy your time and attention by any elaborate attempt to define the term *irritation,* a term in common use, to signify a disturbance in the endowments or functions of a part independent of either actual inflammation or organic lesion. It is not denied that either the one or the other of these states may occasionally attend or result from such irritation; all that is meant by the term is, as I have said, a disturbance in the endowments or functions of a part without either inflammation or organic lesion being *necessarily* present. In thus characterizing uterine irritation therefore I do not deny that it may be coexistent with, or even give rise to inflammation or organic lesion; but speaking gene-

rally, I would say that it is found to exist altogether independently of either of these states.

The first question then is, how are we to ascertain its presence? What are the signs or symptoms by which it is to be recognised? A person of experience will almost infallibly pronounce it to be present, from a mere glance at the effects which it so commonly produces upon the system at large, and upon particular parts, and which usually prevail to a greater or less extent in every instance before a professional man is consulted: but, in addition to these, which I shall particularly point out by and by, there are certain signs or symptoms emanating more immediately from the uterus itself, some of which will, in a large majority of cases, enable the practitioner to decide; that is, supposing him to make the enquiry, for unless he do so, and very keenly too, patients, either from delicacy or from ignorance of its importance, will most assuredly conceal them.

The most frequent symptoms of uterine irritation are, *irregular menstruation*, the discharge being preceded or accompanied by pain in the back, loins, or thighs, or in the region of the uterus itself, and attended with forcing or bearing down;

the *discharge being in excess* either in point of mere quantity or in continuance, or in recurrence; *tenderness of the womb itself upon pressure* made either externally or *per vaginam*, a tenderness in some instances so great as to interfere with the privileges of matrimony; and, lastly, *leucorrhœa*. The most frequent symptoms, however, are, unquestionably, *painful menstruation* and *leucorrhœal discharge*, although the former is often the only symptom acknowledged by the patient herself. Such, Gentlemen, are the few plain, simple indications of a state of uterus which is repeatedly overlooked, although productive of the most serious disturbance both of the general health and of particular organs; disturbance which, when once produced, stamps a character upon the general and local ailments of the sufferer, strongly indicative, to the experienced man, of uterine irritation; a character which confirms him in the belief that it is from such irritation that the evil originates, and that it is to correct the condition of the uterine system that his chief attention is to be directed.

Before proceeding, however, to notice in detail the constitutional and local effects of this continued irritation, it may not be improper to say a few

words respecting the pre-disposing and exciting causes of the irritation itself.

The most powerful pre-disposing cause of uterine irritation is *constitutional irritability*, especially in persons naturally of a delicate frame of body; a state rendering its possessor acutely susceptible of impression generally, and which has not unfrequently, and certainly not very unaptly, been distinguished by the term nervous temperament. The rest of the pre-disposing causes are such as tend either to produce or to increase morbid susceptibility; such as *sedentary and luxurious habits*, *late hours*, and *passions of the mind*. Natural irritability of the uterus itself may undoubtedly prove a pre-disposing cause, but of this it is difficult or impossible to speak with certainty, as the refinements and restraints of society will always furnish, at the same time, other co-operating causes.

The *exciting causes* again, are *active exertion of any kind during the flow of the menses; frequent child-bearing, especially if the patient suckle her children herself; excessive venery, and, indeed, venereal excitement of every kind.* Married women, I think, perhaps suffer most from child-bearing, and from imprudence during the menstrual period;

unmarried women, on the other hand, from similar imprudence, and, peradventure, from causes of excitement of the genital organs, concerning which it is unnecessary to be very explicit.

I shall now proceed to describe to you, in the most intelligible manner I am able, the morbid conditions of the general system and of particular organs which result from the continuance of that uterine irritation to which I have just drawn your attention, only premising that they of course vary very much both in kind and degree, but chiefly in degree, according to differences in particular constitutions, and according to the susceptibility of individual organs.

The first complaint usually made by a female suffering from this irritation, is, of feeling *nervous*, probably with a disposition to be low-spirited; but if, in a well-marked case of the kind, you proceed to feel the pulse, and especially if it be your first visit, the chance is that you will perceive a distinct tremor of the hand, and a remarkable acceleration and sharpness of the pulse, evidently arising from mental agitation—a degree of mental agitation so great, in a naturally susceptible female, that if you attempt to soothe or encourage her, she

will begin to sob, her lips quiver, and she bursts into a flood of tears. Even after she has sufficiently recovered her self-command, she experiences considerable difficulty in describing her feelings and sensations, and often appears to despair of satisfactorily communicating to you the nature of her ailment. She tells you, that, without any assignable cause, she gradually declined in health and spirits; that she has lost her wonted alacrity, has become indolent, and is easily fatigued by comparatively slight exertion; that she is readily flurried; that her heart often beats, flutters, or palpitates; that the impressions made upon her mind are altogether disproportionate to the causes producing them; that she is very prone to weep, and occasionally experiences sudden and transitory feelings of alarm and dread, especially during the night, without being able satisfactorily to account for them; in short, that both body and mind are in a morbidly sensitive condition, whilst general distress is strikingly depicted in her pale or dejected countenance. If you proceed in your inquiries to ascertain the state of the uterus, you are perhaps informed that she is regular; but if interrogated more narrowly, it will almost uniformly be found that she suffers pain,

either before or during the flow, in the back or loins, and that in the intervals she is troubled with leucorrhœal discharge. To these inquiries she gives a reluctant reply; will often, perhaps from delicacy, conceal the truth, or, if she acknowledge it, will probably add, "Oh, that is of no consequence; that is not my complaint; I have long been accustomed to that, and it does me no harm;" and then winds up the case with telling you that she has taken a load of tonic medicines without benefit. If you ask her whether such questions were ever put to her before, you are generally answered in the negative. Such a case as this, with slight modifications, is of common occurrence, yet it most frequently happens, that, with the general disorder, we have decided derangement of some internal organ or organs; and of these, the organs of digestion appear to be almost uniformly the first to participate; indeed the derangement of the digestive organs, to a greater or less extent, is so commonly associated with the general affection I have described, that one cannot but conclude that the general affection is most materially influenced, if not in part produced by it. It is sufficient, however, for our purpose to know that the exalted

susceptibility of the general system and this deranged condition of the first passages, are very commonly co-existent, however they may stand in the relation of cause and effect.

The first appreciable disturbance of the stomach is most frequently a tendency to *flatulency*, which flatulency is productive of different effects in different individuals, although, in all, the stomach itself appears to be in a morbidly irritable condition, so as greatly to modify or aggravate the consequences that would otherwise arise from the presence of such flatulency. The patient experiences uneasiness at the scrobiculus cordis; she complains of a sense of load or distension after meals, or, if the stomach be uncharged with food, of prickings and anomalous pains in the organ, all of which symptoms are pretty uniformly relieved for a time by the expulsion of flatus from the stomach. In other cases, the irritation produced by the flatus about the cardiac orifice, excites a sympathetic affection in the throat, a sort of globus hystericus, which is variously described by patients, some calling it spasm, whilst others compare it to a mechanical obstruction, and indeed one lady somewhat fancifully compared it to a bullock in her throat. It is

a sensation, however, which will often last, in a greater or less degree, for days, or even weeks, with little intermission.

At other times the patient suffers from repeated vomiting, or is perhaps seized suddenly, but only occasionally, with vomiting, preceded, accompanied, or followed by an irregularly inverted action, chiefly of the œsophagus, and attended with an ascent of flatus, so as, in some instances, to threaten suffocation.

Such, Gentlemen, are the ordinary affections of the stomach met with in the disorder to which I have alluded; affections, however, varying both in kind and degree in different individuals; affections, too, in which the whole alimentary canal appears more or less to participate, the patient being very commonly troubled with rumblings, distension and anomalous transitory twitchings in the bowels, symptoms undoubtedly depending upon the flatus and other contents irritating these already morbidly sensitive organs. In more rare cases there appears to be a sort of inverted action of a greater or less portion of the alimentary canal; an inverted action commencing in some part of the bowels; an inverted action accompanied by a

rumbling noise in these organs; an inverted action extending to the stomach, passing up the œsophagus to the pharynx, where it produces a most distressing sense of suffocation, and lastly communicating with and involving in one universal disturbance the brain and entire nervous system. This mysterious communication so closely allied to the aura epileptica is in all probability somewhat of the same nature, and may, perhaps, result from the irritation in the alimentary canal being conveyed through the pneumo-gastric nerve to the brain; for when this takes place, the breathing is usually affected at the same time in a very remarkable manner;—the whole assemblage of symptoms, the aberration of mind and bodily contortions constituting, when taken collectively, what in common language is understood by a hysteric paroxysm. There are, however, divers modifications met with —the patient being sometimes seized with violent and involuntary fits of laughter or crying during the paroxysm, at other times she will lie in a perfectly motionless and insensible state, but with a natural pulse, for hours together; or she shall suffer from a more or less perfect paroxysm without its being preceded by any globus whatever.

Hitherto then, we have traced the effects of uterine irritation as they appear in the form of a general morbid sensibility and mobility of body and mind, with flatulency and irritability of the stomach and bowels; which symptoms alone, but in different degrees, may continue to harass such patients for months, or even years, without either a well-developed hysterical paroxysm, or any other inconvenience deserving particular notice. But it remains to be observed, that this exalted state of the nervous system is not, in a considerable proportion of cases, evinced solely by morbid susceptibility and excessive or irregular action, but, moreover, by *morbid sensation*, affecting different parts or organs of the body, and this too varying from the slightest uneasiness to the most exquisite torture.

Now, Gentlemen, it is to these painful affections that I am anxious to direct your earnest and special attention; because, in the first place, it is to relieve these that you will most frequently be called upon to render your assistance, and because, in the next place, these painful affections are perpetually misunderstood and mistaken, to the serious detriment of the patient. I repeat then, I am anxious, most anxious, to impress upon your minds the nature of these secondary painful affections, their most

frequent seat, and the various sources of fallacy by which you may betrayed into error.

Of these painful affections, the most serious, or at least the most prominent, and certainly by far the most interesting, are those which attack the abdominal viscera, as these are repeatedly mistaken for inflammation, and treated accordingly. I shall not stop to enquire why those viscera, supplied by the ganglionic system in general, or why the abdominal viscera in particular, should be more liable to suffer from such painful affections than other parts of the body supplied by the ordinary nerves of sensation and voluntary motion; suffice it to say that such is the fact.

Of the painful affections of the abdominal viscera the most frequent are,

1st. A PAIN SEATED UNDER THE LEFT MAMMA, OR UNDER THE MARGIN OF THE RIBS OF THE SAME SIDE.

2dly. A PAIN UNDER THE MARGIN OF THE RIBS OF THE RIGHT SIDE.

3dly. PAIN IN THE COURSE OF THE DESCENDING COLON.

4thly. PAIN IN THE COURSE OF THE ASCENDING COLON, ESPECIALLY TOWARDS THE RIGHT HYPOCHONDRIUM.

5thly. PAIN AFFECTING THE ABDOMEN GENERALLY.

6thly. PAIN IN THE REGION OF THE STOMACH.

And lastly, PAIN IN THE REGION OF THE KIDNEYS, SOMETIMES EXTENDING DOWN THE COURSE OF THE URETERS TO THE BLADDER.

Such are the painful affections usually met with, attacking the abdominal viscera; affections too, which, in point of frequency of occurrence, observe the order in which I have enumerated them. You will have noticed that I am reserved in referring these pains to any particular organ, contenting myself with the *fact* that the pain is felt in a particular *situation*. The truth is, considerable difficulty presents itself in ascertaining positively what particular organ is affected, as the natural functions of the part or organ do not, in such cases, appear to be necessarily disordered, or at least to such an extent as to indicate with certainty that it is the seat of the pain complained of by the patient; neither can we have the usual aid of *post-mortem* examinations, as few die of such complaints, whilst, if the patient be cut off by another disease, no organic lesion is discoverable to satisfy our inquiries. Occasionally, however, this question may be decided during life, as we shall see presently.

With respect to the *pain under the mamma, or under the margin of the ribs of the left side*, this is out of all proportion of most frequent occurrence, and will often last for weeks, or even months together, with but little intermission. This pain is very circumscribed; it is not necessarily or constantly increased by a deep inspiration or by external pressure, although this is occasionally observed; it is seldom attended with cough; it is not materially affected either by a charged or by an empty state of the stomach, but varies in its intensity, and now and then goes off altogether for a few minutes, hours, or even days, or the pain shall subside and be succeeded by a mere uneasiness or sense of fulness in the part. This pain, as I have said, is of extremely frequent occurrence, and is very often associated with palpitation of the heart, or, what is much more usual, with unnatural pulsation of the organ, if I may be allowed the expression; *i. e.* the patient is conscious of the heart's action, or she feels as if its impulse were communicated to a part so sensitive as to excite distinct sensation, which, you know, is not the case in a state of health. With respect to the precise source of the pain, I confess myself at a loss to speak with con-

fidence or certainty, but am upon the whole inclined to assign it, when complained of under the left mamma, to the cardiac orifice of the stomach; at least in one case in which it had prevailed for a considerable period, and in a very aggravated degree, I was led to this conclusion. The young woman, to whose case I allude, died suddenly in a fit, and I examined the colon, spleen, heart, and stomach, with the minutest attention, when the only indication of irritation I could detect was a ring of very delicate vessels, or rather a blush of redness surrounding the cardiac orifice of the stomach, such as might be supposed to be the result of any continued irritation or spasmodic action. Whatever may be its precise seat, it is repeatedly, but erroneously, supposed to be purely of an inflammatory nature, and consequently is mistaken for and treated as pleuritis or splenitis.

The second painful affection to be noticed is that *seated close to the margin of the ribs on the right side*. This pain, Gentlemen, although occasionally circumscribed almost to a point, usually extends from the scrobiculus cordis along the margin of the ribs, nearly to the loin of the side affected; it is neither considerably nor uniformly increased by a

full inspiration, yet this is occasionally observed. External pressure, however, aggravates the pain, and sometimes in a very remarkable degree, whilst in some instances there is such tenderness, that the patient shrinks from the slightest touch. The pain now and then shoots through to the back or between the shoulder-blades, but very rarely to the top of the right shoulder. This pain will occasionally remain, with slight remissions, for weeks or even months; at other times, it subsides altogether, and is succeeded, like the pain under the left breast, by a sense of fulness or tension of the part. As to the actual seat of this pain, Gentlemen, I again confess myself incompetent to decide. I have sometimes supposed it to be in the *colon*, as it may now and then be traced from the margin of the ribs into the right iliac region; in other instances I have supposed it to be seated in the *duodenum*, from its being occasionally attended with sickness, from its being aggravated during the operation of mercurial purgatives, and from its being in some rare cases attended with a remarkable sallowness or icteritious aspect of the countenance, and indeed with almost complete jaundice.

Here again, then, I must leave you in doubt,

merely remarking, that it is not inflammatory, although repeatedly mistaken for hepatitis, and treated as such.

The next painful affection to be noticed is *that seated in the course of the descending colon.* This is not unfrequently associated with the pain under the left mamma, but is also observed to exist alone, extending from below the ribs to the *sigmoid flexure of the colon.* This, like the others described, is variable in its degree, and although more or less permanent, sometimes remits for hours, days, or even weeks together, and again returns. It is, however, more decidedly and obviously effected by flatulence, than the pains in the other situations mentioned; thereby more clearly pointing out the seat of the malady. The movement of the flatus is occasionally attended with a gurgling or rumbling noise, and a simultaneous aggravation of the local pain in the part. This is now and then mistaken for colitis, or for some organic lesion of the organ.

Fourthly, *Pain in the course of the ascending colon.* I have had occasion to observe, that the pain already described as situated behind the margin of the ribs on the right side, sometimes extends down the course of the colon as far as the iliac region;

it not unfrequently happens, however, that the pain is felt exclusively in the situation of the ascending colon, and like that on the opposite side, varies in degree at different times, or for a period disappears altogether. This pain too, after a time, is attended with considerable tenderness, so that the least pressure creates inconvenience.

Fifthly, *Pain affecting the abdomen generally.* This is by no means of rare occurrence, and in some instances so closely resembles general peritonitis, as to be mistaken for, and treated as that complaint. Indeed, I know of no disease more puzzling than this, and it was not, I confess, till I had witnessed several such cases, and attended minutely to the history and progress of the disorder, that I became convinced of its true nature. It may be called a general *neuralgia* of the abdomen. It is sometimes attended with a tympanitic, and at other times, with a flaccid state of the bowels, the former being by far the most distressing. The pain is complained of over the whole of the belly, and the slightest touch, in many instances, cannot be borne, such is the extreme sensibility and tenderness of the parts.

If you watch the case attentively, you will, in general, soon detect some incongruity in the symp-

toms, to excite doubt and suspicion; but yet, so close is the resemblance in some cases, as almost to set positive diagnosis at defiance. A case of this kind lately occurred in Martha's ward, when I was in so much doubt, that, to err on the right side, I treated it as peritonitis, although the history of the patient, and the condition of the uterus, told against it: I soon became convinced that I had been wrong, as I shall presently explain to you. It may be observed too, that this general pain of the belly, like peritonitis, frequently occasions but little distress, unless pressure be applied, and, like peritonitis also, it suffers an aggravation at intervals, an aggravation apparently in both cases depending upon the spasmodic action or griping in the bowels.

The *sixth painful affection* is that attacking the *stomach* in particular. This pain is for the most part strongly marked, and the more intense the disorder, the more positive is the evidence of its being really seated in the organ mentioned. Thus it will sometimes come on suddenly, occasioning the most excruciating agony; the patient screams from the violence of her sufferings, her countenance is expressive of the greatest distress, and she leans forward or bends the body, in order to diminish

the pressure of the abdominal parietes; or, she says that the pain is drawing her double. This, in some cases, will last with little mitigation, for several minutes, or even hours, the patient the whole of the time making loud complaints, and declaring that she must die if not speedily relieved. This pain will probably remit, and be succeeded by another much less severe, though more permanent; both the intense and more moderate pain, being much increased by pressure made upon the epigastrium.

Lastly.—Such patients occasionally experience a sudden and severe attack of pain in the region of the kidneys, to which region it may be exclusively confined, till it disappear altogether, or it shall extend from thence down the course of the ureters to the bladder, or the bladder alone shall be affected with pain; in either of the latter cases the patient generally experiences more or less dysuria.

Having pointed out to your notice the ordinary local affections arising from or connected with uterine irritation, I need only add, that you will often in the same individual meet with more than one of them existing at the same time; or, what is more usual, you will have them alternating

with each other; whilst you will also observe the greatest variety in the relative severity of the general and local disorders mentioned; the general derangement prevailing occasionally in a very high degree with but little local pain, and *vice versa*.

Another, and most important question is, the *Diagnosis*, or the means of distinguishing the painful or neuralgic affections I have described from the inflammatory disorders to which they often bear so close a resemblance, and for which they are so repeatedly mistaken. This, it must be confessed, is not only important, but unfortunately sometimes as difficult as important. I flatter myself, however, that you will be less likely to be misled now that your attention is alive to the sources of fallacy—sources of fallacy, Gentlemen, which, in common conversation, all admit and profess to know; a source of fallacy, nevertheless, which is more freely acknowledged than attended to in practice, otherwise we should have fewer errors committed than, I know too well, are committed even at the present day. Knowing then that such cases are of frequent occurrence, whenever a female complains to you of pain under the left breast, with or without palpitation or pulsation of the heart; of pain in the right hypo-

chondrium; in the situation of the left or right colon; or of acute pain generally over the whole belly, or in the region of the kidneys or bladder—always be upon your guard, and if on inquiry you find a few, or many of the constitutional symptoms I have described, together with indications of uterine irritation, as shown by pain in the pelvis, in the loins, or in the thighs, before or during the catamenial flow; by too frequent or too profuse menstruation; or by leucorrhœal discharge; I say, when you find such an assemblage of symptoms and circumstances, your suspicions will amount to a high degree of probability, that the complaint is not of an inflammatory nature. The comparative absence too of fever, the appearance of the tongue, and the state of the surface, will materially assist you in the diagnosis; although it must be confessed that peritoneal inflammation often exists with but little developement of the general symptoms regarded as characteristic of the phlegmasiæ; whilst on the other hand, the painful affections I have been describing are not unfrequently attended with an accelerated, and vibrating, or even a hard pulse, a hot skin, and furred and slightly brown tongue. Generally speaking, however, the pulse *varies much* in the latter, and

seldom has much hardness in its beat, although, from the irritability of the heart, it is sometimes sharp or jirking, whilst the skin is usually *warm*, rather than *hot*, and with a disposition to moisture; and lastly, the absence of many, or of some of the symptoms of the phlegmasiæ simulated, will go far to complete the marks of distinction. But more of this anon.

It must, nevertheless, be carefully remembered that all or most of the symptoms I have enumerated, as emanating more immediately from the uterus itself, may and often do result from organic changes either in the uterus or in the parts adjacent. When ever therefore we have the least suspicion of the existence of such causes, an examination of the patient ought on no account whatever to be neglected. The necessity of such precaution may be said to increase with the age of the patient; but when obstinate or repeated flooding prevails, whether slight or profuse, such an examination becomes quite imperative, especially when it occurs in females somewhat advanced in life.

I shall not occupy your time by entering upon any minute detail of other morbid affections occasionally arising from the same source. Those enumerated are of most common occurrence, and

are most frequently mistaken and maltreated. Amongst the more anomalous and more rare disorders of the kind, I may merely mention the *irritable mamma*, and *obstinate pain in the head*, both of which, I believe, occasionally, at least, to depend upon the state of uterus alluded to; whilst many local physical disorders are materially influenced by it, a circumstance which has not escaped the observation of my friend, Mr. B. Cooper. Neither will time permit me to point out those peculiarities which present themselves in chlorotic girls, and those observed at the advanced period of life, when the functions of the uterus are about to cease. To explain these peculiarities and the differences of treatment founded thereon, would be incompatible with the limits of a clinical lecture; I shall, therefore, proceed to the *treatment* and the mention of a few of our cases in illustration.

The *indications* are, 1st. *To correct the morbid condition of the uterus.* 2dly. *To remove or mitigate the violence of troublesome symptoms* in any individual case; and 3dly. *To restore tone and vigour to the general constitution.*

In thus laying down the indications of cure, you

will perceive that I have ventured to reverse, in some measure, the ordinary mode of procedure. I repeat to you, Gentlemen, that the condition of the uterus, to the continuance of which, I ascribe the various disorders enumerated in this lecture, has in most instances been altogether overlooked, or at least, if observed, it has only been in those cases which have had some of the characteristic symptoms present, in a strongly marked degree, such as excessive or very painful menstruation, or profuse leucorrhœal discharge ; and even then, the condition of the uterus has been usually looked upon as a mere effect or consequence of the nervous or hysterical state of the entire frame, or in other words it has been considered as merely participating in a universally morbid sensibility. Hence the primary indication has commonly been to restore strength to the general system, regardless of the local disorder, although the ill success of the treatment founded thereon, has at all times been frankly acknowledged ; so much so indeed, as almost to have placed the disorders in question amongst the *opprobria medicinæ*. Having been led however to take a different view of the subject, I am necessarily induced to make the cor-

rection of the state of the uterus, the first, or at least, the principal indication, although of course, the second indication, that of allaying troublesome symptoms, must often go hand in hand with, or in aggravated cases even take precedence of it. What then are the means best calculated to remove the morbid condition of the uterus, the irritable state of the organ. In the cases in which the uterine disorder has attracted attention, it has been recommended to bleed generally, to take blood by cupping from the loins, or by leeches from the region of the pubes, or from the pudendum; to purge, to give anodynes, to employ the warm bath, and to keep the patient in a recumbent position, even for months at a time. Of this kind are the principal remedies recommended in an excellent work recently published by a distinguished member of our profession—I mean Dr. Gooch. That gentleman treats of the complaint as it is attended with actual tenderness of the os uteri to the touch, when an examination is made *per vaginam*. He enumerates the remedies I have mentioned, but with those expressions of extreme distrust, which mark the man of candour and of truth, and with that modesty which, when united to extensive experience commands the assent of

every reader. Now, Gentlemen, that all these remedies may be occasionally serviceable, or even necessary, I am not presumptuous enough or inclined to deny: depletion, general or local, in the plethoric, and anodynes and laxatives in most cases; yet speaking from experience, this object, this grand object is secured with much greater certainty, and much more speedily, by applications made directly to the uterus itself, and parts adjacent. The applications to which I allude, are *cold astringent washes*, injected *per vaginam* by means of a proper syringe. The ordinary womb syringe answers the purpose exceedingly well, but one of any convenient shape may be used, provided it be sufficiently large to contain from four to six or eight ounces of fluid. The injection should be introduced with such a degree of force, as shall secure its application to the upper part of the vagina, and to the os uteri; and the operation should be repeated two, three, or four times a day, according to the circumstances of the individual case.

Either the mineral or vegetable astringents may be used, the former however I prefer, as they do not stain the patient's linen, and consequently are not so much objected to. With respect to the pre-

cautions to be observed in the employment of these injections, very few are required beyond what common sense would dictate. Should the injection occasion smarting, which is by no means unfrequently the case at first, it may be diluted with water, or water alone may be used till the original tenderness subsides, which for the most part it will soon do. It will also be prudent to instruct the patient to relinquish it a little before the expected period of menstruation, and to resume it as soon as that period is over. These are almost the only precautions I have ever deemed it necessary to observe. Although in very irritable habits, and especially when the stomach is liable to be affected with pain and spasm, it may be as well to direct the wash to be used tepid at first, gradually diminishing the warmth till it is brought to the ordinary temperature of the patient's apartment, which will pretty uniformly be borne exceedingly well after a time, except perhaps during a few of the coldest months in winter. The wash I most frequently employ is the *Liquor Aluminis Compositus*, of the London Pharmacopœia, that is, two drams of *alum*, and two drams of *sulphate of zinc*, to a pint of water. This practice must be persevered in for a length of time,

proportionate to the obstinacy of the case and the effects its produces. Indeed, I myself recommend females never to relinquish it, but to employ it from time to time, as long as they continue to menstruate, to prevent the recurrence of the disorder, and its unhappy consequences. I have said that the patient should desist from the use of the injection, a little before and during the menstrual period, but she ought also to be specially cautioned against using any violent exertion, or undergoing any unusual fatigue at that time, as nothing so completely thwarts your purpose as imprudence committed whilst the irritable uterus is performing its functions.

When the uterine irritation is characterized by frequent and excessive flow of the menses, I have directed the patient to remain quiet in or on the bed, and to desist from the wash during each recurrence; not having ventured to carry the practice to the extent of attempting to restrain even such excessive discharge by local astringents. But when there is decidedly painful menstruation, or pain felt in the *womb*, *loins*, or *thighs* before the appearance, although there be no leucorrhœal discharge whatever in the interval, I nevertheless apply the cold wash to such subjects, precisely in the same manner as if

such leucorrhœal discharge were present, on the principle that this leucorrhœal discharge is itself a mere symptom or effect of the state of uterus and neighbouring parts, which I am anxious to remove. Such, Gentlemen, is the *local* treatment that experience and observation have led me to adopt, and which, after a long trial, I venture, with some confidence, to recommend to you. It is just possible that circumstances not noticed by me may occasionally occur to interfere with or forbid the practice; but, Gentlemen, I speak of generalities, and not of universal principles—universal principles are unknown in our profession.

I would only remark further, that, very recently, Mr. Jewell has recommended the Nitrate of Silver, either in substance or in solution, as an application in leucorrhœa; and I have no doubt, from what we observe in its general use, that it will have a powerful effect in destroying morbid sensibility; but I have had no experience with it myself, whereas I have extensively employed the astringent wash before mentioned for the last ten years, and declare to you that I have never known any serious inconvenience to result from it in a single instance; if ever injurious, therefore, it is unknown to me.

The second indication—*to allay or remove troublesome symptoms*—must, of course, be variously fulfilled, according to the circumstances of the particular case, but the remedies employed for the purpose will necessarily co-operate with the local treatment to afford relief to the patient; unless, indeed, the severity and character of the troublesome symptoms be such as to render the *immediate* application of the wash either doubtful or hazardous—as *e. g.* when the stomach is the seat of severe spasm, or the bladder or abdomen generally acutely painful, in which cases the second indication must take precedence of the first. Should the symptoms merely consist of the susceptible state of body and mind before described, or should this be accompanied by that modification of derangement of the digestive organs characterized by flatulency and irritability of the stomach and bowels, the general treatment need be very simple. I say nothing of *Blood-letting*, as the propriety or impropriety of this must be apparent from the state of the circulation, always keeping in mind that such subjects bear bleeding badly, especially in large quantity, and that mere *frequency* even with *sharpness* of the pulse, is, in the highest degree, fal-

lacious: a full, hard pulse, with considerable heat of skin, and more or less throbbing or pain in the head, will point out the expediency of a moderate bleeding. *Purgatives*, or rather *Laxatives*, ought never to be neglected, but much caution and judgment are required in their proper selection and application. The bowels, it is true, are generally costive, but it must be remembered that they are as uniformly in a weak and irritable state; hence those purgatives should be selected which give the least pain, and have the least tendency still further to weaken their tone. Watery saline purgatives are ill-suited to the majority of such cases; they often perform their office imperfectly, and although they may not produce much pain, which they often do in such subjects, they, nevertheless, tend, by frequent use, further to impair the tone of the bowels, and to increase the disposition to flatulency. Except, therefore, at the commencement, in plethoric subjects, or where the disorder exists in connexion with menorrhagia, the saline purgatives are not commendable. *Castor oil*, when it agrees with the patient's stomach, will be found more generally serviceable, perhaps, than any other. In many cases, the warm and resinous purgatives, though at

all times more irritating, answer exceedingly well, emptying the bowels of their fæculent contents, and expelling flatus without leaving any increased tendency to flatulency afterwards, as is the case with the watery saline purges. A little *Compound Extract of Colocynth*, or equal parts of this and *Extract of Rhubarb* with a little *Extract* of *Hyoscyamus* to obviate griping; or the above extracts may be given with a little *Blue Pill*, should a mercurial laxative be indicated by the appearance of the secretions. Calomel very often gripes severely, whether alone or combined; yet such is the variety of constitutions met with, that the Compound Extract of Colocynth with Calomel often proves the most effectual and not the most painful purge. One or other, then, of these laxatives may be necessary once or twice a-week.

In the case I am now treating of, that is, where there is no abdominal pain, the medicine that I have found to afford the greatest relief is unquestionably the *Ammonia*, given either in common mint or camphor julep, alone or with a few grains of *Magnesia*; about ten or fifteen minims of the *Liquor Ammoniæ Subcarbonatis*, with from eight to ten or fifteen grains of *Subcarbonate of Magnesia*

two or three times a day. If it create any approach to pain in the stomach, or a disagreeable sense of heat there, these effects may sometimes be obviated by adding about half a drachm of Tincture of Hyoscyamus, or a drachm or so of the Tincture of Hops, to each dose. This ammoniacal mixture seems, by its stimulus, to expel flatus, and thereby to afford relief to many of the uneasy and unhappy sensations, and to raise the spirits of the patient. I have often given the Ammonia along with the Mistura Myrrhæ of Guy's Hospital, an ounce or a dose of which contains, I believe, about twenty grains of Myrrh, and is made with the Decoction of Liquorice root.

But suppose that, with more or less of the general symptoms, we have pain under the left mamma, or in any of the other situations pointed out, what modification of treatment ought we then to adopt?

The pain under the left mamma is of such frequent occurrence, that it becomes a matter of the very first practical importance to bear it carefully in mind when called upon to treat the disorders of young females. There is no local pain more frequently mistaken, and there is, perhaps, no local

disorder so maltreated as this. Over and over again have I known patients blooded, cupped, blistered, and anointed with acrid ointments, for months in succession, not only without relief, but with the most serious injury to their general health, whilst the uterine irritation has been altogether overlooked. Indeed, Gentlemen, in thus declaring and denouncing such a mistake and such bad practice, I candidly confess that I am only declaring and denouncing "*quæque ipse miserrima vidi, et quorum pars magna fui.*" In truth, it was the frequent occurrence of this obstinate and intractable pain that first led me to a close and minute investigation of the subject of uterine irritation, having, like others, repeatedly blooded, cupped, and blistered in vain in such cases. Since, however, I have been guided in the treatment by the principles I have ventured to lay before you, my success has been much more certain and decided, and when the treatment founded thereon has not fully answered my expectation, it has at least been attended with the negative advantage of inflicting no unnecessary injury on the patient's general health.

In pointing out its non-inflammatory nature, Gentlemen, do not imagine that I contend for the

impropriety of bleeding or cupping, or blistering in every instance. On the contrary, in plethoric subjects, one or two general or local bleedings may occasionally prove of service, but merely, I believe, as such practice might be expected to afford relief in an ordinary colic, or any other similar painful affection. Depletion, however, is very far from being, in general necessary, and probably will, in a majority of cases, be positively hurtful, teazing and exhausting the patient, without any adequate or permanent benefit. I have known Cupping, Leeches, a Blister, or an Opiate or Belladonna plaister afford relief, but they all often fail, and will generally do so, or at least be merely followed by a temporary respite, unless the condition of the uterus, and other circumstances I have pointed out, be attended to. Hot fomentations to the part will sometimes afford relief, but are attended with the same uncertainty as the other local remedies mentioned. Under the use of the injection, however, and the ammoniacal mixture, with Tincture of Hyoscyamus, or with three, four, or five grains of the Extract of Conium, in the form of pill, alone or with a grain or so of blue pill, according to the state of the secretions, the pain will generally yield, although the patient, as might be expected,



will for a longer or shorter period be liable to a recurrence, until the original irritation, and its effects upon the abdominal viscera, shall have been overcome by a steady perseverance in the use of appropriate remedies. In some instances the ammonia cannot be borne, when the plain Camphor, or Mint julep, may be substituted, with half a drachm or so of the Tincture of Hyoscyamus, or four or five grains of the Extract of Conium may be given in the form of pill twice or thrice a day. In other cases again, you may try six or eight drops of Batley's Liquor Opii Sedativus at bed-time, unless it offend the stomach or the head. Should it constipate the bowels, proper laxatives must be had recourse to, in order to obviate such an effect; I prefer, myself, the Conium, or Hyoscyamus. Unless, however, it happen thus to disagree with the patient, the ammonia will answer best, guarded, of course, by the anodynes.

In those cases, in which the pain shifts its seat from time to time, I limit my *external* remedies generally, to hot anodyne fomentations; such as the Decoction of Poppy-heads, or what often answers very well, the hot Infusion of Chamomile Flowers, the flowers themselves being inclosed in

folds of flannel, the more effectually to retain the warmth. I may also here observe again, that this tendency to shift its seat, together with the unsteadiness in the degree of the pain, form the most important diagnostic indications; whilst in most instances, we shall find, on inquiry, that the patient had suffered more or less from the complaint for some time before she applied for advice. Attention to these circumstances will materially assist us in our diagnosis, not only in these, but in the other painful or neuralgic affections attacking the abdominal viscera.

When the pain is situated in the *right hypochondrium*, or under the margin of the ribs of the right side, it is, as I have before said, repeatedly mistaken for, and treated as, hepatitis, and many are the times that I have known poor delicate women blooded, cupped, blistered, and salivated on this supposition, till they have been brought almost to the very brink of the grave. It is to be distinguished by the symptoms and circumstances already pointed out, and when ascertained, is to be treated upon precisely similar principles to those so minutely detailed. In these cases, patients sometimes tell us that our medicines, especially

mercurial and resinous purgatives, greatly aggravate the pain of the part during their operation. Cupping, Leeching, and Blistering, will each occasionally, but only occasionally, afford relief; whilst, generally speaking, I would say, that in this form of the complaint, hot anodyne fomentations, assiduously applied, are more decidedly beneficial than in the former case, but in other respects the same means may be pursued. In some cases, four or five grains of Dover's powder, twice a day, will afford relief; in other instances, the more powerful combination of calomel and opium has been tried with effect. The calomel, however, ought to be given with great reserve, and never, if possible, to such an extent as to affect the system; in short, in all cases, the less violent measures we employ the better.

When the pain seizes the track of the colon on either side, the same treatment will apply, as it will also when the stomach becomes the seat of the pain, unless indeed, severe spasm accompany it, when more active measures must be had recourse to; as, a full dose of Liquor Opii Sedativus, or even a full dose of *Laudanum* and *Sulphuric Æther*, as I shall presently shew.

I have said that the pain occasionally attacks the whole of the belly, exactly simulating acute peritonitis. This may be attended either with a flaccid or a tympanitic state of the intestines, the latter proving by far the most painful of the two, the slightest touch causing the patient to cry out.

This generally diffused pain is not unfrequently associated with that modification of uterine irritation marked by excessive menstruation, both in point of quantity and frequency. But in such cases, whether with or without menorrhagia, it will require all your tact and discernment, and what is more, it will require all your philosophy and forbearance, to abstain from copious depletion under an apprehension that it may be peritonitis. The history of the case will generally raise a doubt, and will often bring conviction; but if a doubt do really exist, it will always be prudent to err on the right side, and treat it as inflammation. I shall mention a case or two of this kind presently.

When *unaccompanied* by excessive menstruation, the same general rules of treatment are to be observed as have already been detailed; moderate bleeding if much plethora and headache, with a full pulse, prevail; and the free use of laxatives and

fomentations. In both forms of the complaint to relieve the pain in this situation, I hold the Liquor Opii Sedativus to be by far the most efficient remedy, as well as attended with the least inconvenience to the patient. With due attention to the bowels, therefore, six, eight, or ten drops may be given every night, or every night and morning, according to the urgency of the pain.

When attended with excessive menstruation, there very usually prevails a plethoric condition of such irritable subjects, so that a moderate bleeding will commonly form a very good mode of commencing our practice: or if there be much forcing, or bearing down, the patient may be cupped from the loins. In all cases of this kind too, the patient during the flow, and for a short time before the expected recurrence, should be strictly enjoined to remain in the horizontal posture; to be kept cool, and to live upon low and bland diet. Nothing so certainly, or so greatly aggravates cases of menorrhagia, even when without abdominal neuralgia, as the ill-founded, and ill-judged practice of giving tonics and stimulants, on the erroneous supposition that such excessive discharges are the result of weakness. Repeatedly have I known the most serious mischief

result from the practice here pointed out; patients having been given Bark, Port wine, and cold Porter, merely because they complained of great debility, and because such complaints of debility have tallied with the preconceived notion of the practitioner, that the disease had its origin in weakness. You must be careful, Gentlemen, to distinguish a *weak and relaxed*, from a merely *irritable*, or a *delicate* and *irritable* habit: it is the latter in which you most frequently meet with the menorrhagia, of which I now speak. The excessive discharge is intimately connected with such irritability of the system at large, and of the uterus in particular; tonics and stimulants only tend, therefore, to produce excitement; to augment the action going on in the irritable uterus, and thereby to increase the sufferings, and exhaust the strength of the patient. As far as the discharge is concerned, therefore, your object is to allay the vascular excitement by moderate depletion and purging, and to allay irritation by anodynes and rest. A free action on the bowels exerts so powerful an influence over excessive uterine discharge, that I am often induced to administer divided doses, either of the Magnesia and Salts mixture, or of the Salts dissolved in the Compound Infu-

sion of Roses; endeavouring to obviate the increase of the neuralgic pain of the belly, which is liable, when it prevails, to be aggravated by the Salts, by giving at the same time about five grains of Extract of Conium, or Extract of Hyoscyamus, three times a-day instead of the Liquor Opii Sedativus. In general, however, other laxatives may be given occasionally, to maintain a free discharge from the bowels, and to counteract the effect of opiates, should we determine upon a trial of them; for this purpose Castor-oil, or Calomel and Rhubarb may be given: or the object may be, to a certain extent, accomplished by the use of glysters. If in spite of our depletion, laxatives, and rest, the flooding still continues to prevail, without neuralgia of the abdomen, I generally direct the patient to apply cold vinegar and water, by means of a sponge, to the lower belly, two or three times a day; employing at the same time anodynes, or anodyne glysters, in order to allay the irritability of the womb itself.

If you have flooding alone then, without neuralgia of the belly, you will bleed generally or locally, according to the state of the patient's system at the time; keep up a free action on the bowels; keep your patient cool, and on low diet, and administer

anodynes, either by the mouth or by glyster, with or without cold sponging according to the severity of the case. Should flooding prevail along with the neuralgia of the belly, precisely the same remedies, with the exception perhaps of the cold sponging, will be required; whilst, if the neuralgia exist alone, the case becomes much more simple, must be treated on common principles; *i. e.* general bleeding, according to the degree of excitement of the heart and arteries: perhaps leeches to the belly, hot fomentations, laxatives, and anodynes, either given by the mouth, such as Liquor Opii Sedativus, Conium, or Hyoscyamus; or in the form of glyster, as thirty or forty minims of Laudanum, with a little thin starch. Even in flooding cases I never give the lead, as I never fail by more gentle means to subdue the disorder, and I have known the lead induce severe colic.

I need only observe further, that, if you should feel disposed to try the Oleum Terebinthinæ, I should consider it best suited to the general neuralgic state of the belly, without flooding or excessive menstruation in any form. From two drams to half an ounce may be given with three or four drams of castor oil. I am, however,

averse to it myself from its liability to offend the stomach, and be rejected, but more especially from its tendency to act with violence on the kidnies. You had a good illustration of this in a female patient, No. 10, in the clinical ward; obstinate and dangerous Hœmaturia having been produced by Turpentine taken with a wicked intent.

Such, Gentlemen, are the means which I have found most frequently of service in alleviating the more prominent and distressing symptoms attendant upon uterine irritation; means, I confess, often insufficient for the purpose, unless long persevered in, and this too in conjunction with the local treatment already mentioned. Many other medicines and expedients will undoubtedly suggest themselves in particular cases, as Camphor, Musk, the Warm-bath, and such like; or should the secondary local pains described, not be considerable, the *fetid gums*, especially *Assafœtida*, will often afford some, though tardy relief. Indeed these fetid gums have attained a high character as *antihysterics*, but appear to me, chiefly, if not exclusively adapted to relieve some of the symptoms more particularly connected with the condition of the bowels;—they expel flatus, raise the

spirits, and moreover appear to restore tone to the alimentary canal, provided the original source of the evil be attended to at the same time. In the less painful forms therefore of the disorder, these fetid gums are worth a trial, and will often afford considerable relief to the feelings of the patient.

Much of what has been said, Gentlemen, merges in the *third indication;* viz. to restore strength and vigour to the general habit. Of the best means of accomplishing this I need say very little, beyond remarking that the *early* use of *tonics* has been extensively adopted, and has consequently been given a fair trial, whilst almost all are agreed as to the very unsatisfactory results, in a large majority of cases; the cause of which you will now be able, in some degree, to appreciate; I mean, of course, inattention to the local irritation, from which I suppose the whole mischief to proceed. In the highly irritable and susceptible state of the body at large, and of the alimentary canal in particular, the more stimulating or irritating tonics cannot be borne, creating sickness, pain or uneasiness at stomach, loss of appetite, head-ache, and divers unhappy sensations

not easily defined by the patient. Chalybeates not only offend in this way, but are extremely apt to excite the uterus, so as to produce excessive menstruation, if it did not previously exist, or to aggravate it, if it have already prevailed. Exceptions do undoubtedly occur, but the objections to them stated are founded on personal experience. The *Sulphate of Zinc*, however, may sometimes be given early, with advantage, provided it do not offend the stomach. A grain to begin with may be given night and morning, alone, or with a few grains of the Extract of Conium, or of Hyoscyamus, or with a little of the Pil. Galban. Comp.; or it may be given along with two or three grains of the *Extract of Gentian*, or *Extract of Bark;* or these latter may be given without the Zinc. Any of these may be tried, and persevered in, till the local disorder and the most prominent of the general symptoms shall have been subdued to a certain extent, when less reserve may be observed as to the nature of the tonics we employ; the chief of them are *Bark*, *Bitters*, *Chalybeates*, the *Cold Bath*, and *Country air*.

The prophylatic measures have already been alluded to, and need not be repeated, further than

to impress upon you the necessity of the patients avoiding all irritation or excitement during the menstrual periods.

A most important matter to be attended to in every case, is the proper regulation of the diet of our patient. Bearing in mind that the stomach is almost uniformly in a weak and irritable condition, all those articles which are of difficult digestion, and all such as are calculated to produce excitement, ought to be most carefully avoided. Hence the patient should abstain from salted meats, made dishes, pickles, and high-seasoned food, whilst almost all vegetables, especially in a raw state, such as salad and celery, prove extremely inconvenient to the subjects whose case we are now considering. Of course, the quantity of nutriment necessary in any individual case, will be sufficiently indicated by the state of the patient's constitution; but, *generally* speaking, animal is better suited than vegetable food, to such irritable habits, whilst all warm and watery slops prove pernicious, by increasing the susceptibility of the system at large, and by impairing still further the tone of the stomach in particular. Of course, every variety of idiosyncracy will be met with in practice, but,

as I have said, *generally* speaking, such patients rather require a generous diet than otherwise, whilst vegetables, especially of the raw and more flatulent sorts for the most part prove highly objectionable. I usually recommend patients to take chocolate or cocoa, or tea, with a large proportion of milk, for breakfast; and if the appetite and digestion will admit of it, a bit of plain cold meat. I prefer plain roast or boiled meat, with a good potatoe or mashed turnips, for dinner. As to drink, much must depend upon the rank and habits of the individual. Spirits are uniformly objectionable as a habitual indulgence, but a little wine, or wine and water, or a little porter, or ale, may often be allowed with advantage. To conclude, as the stomach is weak, do not load, or oppress it, either by the quantity or quality of the food; as the stomach is irritable, do not excite it by articles that are hot and stimulating; as there is a tendency to flatulency, abstain from vegetables that are wont to produce it; but as there is a general want of tone, and a corresponding morbid susceptibility, let the diet be at once bland and nourishing.

Before I proceed to illustrate our subject by a

reference to the patients admitted into the clinical ward, it is right to observe that you are not to expect what can with any propriety be regarded as a complete and permanent CURE of the patients in question. All I pretend, all I profess to do, is to place before you a few examples of which the short duration of my attendance has enabled me to avail myself, and to point out the peculiarities observed in the general character or modification of each, with the variety of treatment founded thereon.

It would indeed be not less unreasonable than vain to expect that the irritable condition of the uterus, and the consequences imparted by its continuance to the general system and to particular parts, should be completely and permanently removed during a short stay in the wards of an hospital. All we can hope to effect in the way of cure, whilst such patients remain with us, is to relieve the more urgent symptoms, and to contribute more or less towards a result which is only to be accomplished by the patients themselves. Accordingly it becomes necessary on discharging them, strongly to impress upon their minds the fact, that their relief is but partial and temporary, and that unless they strictly obey your injunctions, and pay unre-

mitting attention to the precautions you point out, all their ailments and discomforts will certainly return. You ought, therefore, on taking leave, to insist upon the necessity of their using regularly, during the intervals of menstruation, the cold astringent washes already noticed; you ought to urge in strong terms the propriety of their avoiding all violent exertion, and all sources of bodily or mental excitement, whilst the uterus is performing its functions; they should be directed to remain as quiet as possible, and to take some gentle aperient a short time before the expected period; and lastly, they are to be told what sort of diet is most likely to benefit their disorder, and improve their general health.

Such, Gentlemen, is the advice you will do well to inculcate in every instance; for, unless you do so, and your advice be attended to, depend upon it any relief you may afford during a professional attendance will be but temporary, whilst each accession of troublesome or painful symptoms will call for medical interference, and tend still further to increase morbid susceptibility, and thereby to aggravate the disorder in the end.

I have said that the complaint assumes different

forms in different persons, or even in the same person at different times; that it sometimes presents a general morbid susceptibility both of body and mind such as I have already described, together with more or less disorder of the digestive organs, but without either hysterical paroxysms or local pain, whilst in other instances together with a greater or less degree of the general disorder, we have either a hysterical paroxysm or pain situated in one or more of the parts before specified, or both. Cases of the former description are not often to be found in hospitals; because, in the first place, such patients rarely apply for admission, from a persuasion, that their disorder is purely constitutional, and consequently not to be relieved by medicine; and, in the next place, such patients are seldom selected by the attending physician, partly, I fear, from a similar feeling, but chiefly perhaps from a well-founded apprehension, an apprehension founded on past experience, that the remedies usually employed will, in all probability, disappoint both him and his patient.

This general disorder, however, constitutes what may be called the simplest, and in one degree or other by far the most frequent form of the complaint. The

extent, too, to which it proceeds, in some instances, without local pain or an actual hysterical paroxysm, is not less surprising to the observer than it is distressing to the patient. I remember a young woman being brought to me by her mother as an out-patient, the state of whose body and mind presented one of the most melancholy pictures of human infirmity I ever beheld. Her mind was so extremely susceptible that she wept from the slightest emotion; in aspect, expression and manner she literally approached to a state of fatuity, whilst her entire frame was so involved in weakness and tremor as almost to resemble an aggravated form of chorea. I was told that her ailments had been coming on and gradually increasing for some years in spite of the various remedies, chiefly of the tonic class, that had been recommended by several practitioners whom she had consulted. I ascertained from her mother that she had all along suffered from profuse leucorrhœa, which, as usual, had never been inquired into, or even hinted at. This young woman made comparatively rapid amendment under the use of the means I have ventured to recommend to your notice.

This is perhaps the extreme of those cases of

general disorder unattended by secondary local pain; in practice you will meet with every variety, from the slightest dyspeptic and hypochondriacal tendency to the exquisite form just mentioned.

As presenting a sort of transition from a state of merely general disorder to one in which we have such general disorder associated with an imperfectly developed hysterical paroxysm and local pain, I may direct your attention to our patient, No. 1, in the clinical ward. Her case, as drawn up by our clinical clerk, Mr. Borrett, is as follows :—

" Elizabeth Smith, ætat. 26, has been subject to hysteria, according to her own account, from the age of twenty, when she first became regular, and the affection has gained so great an ascendancy of late as to indispose her completely for her ordinary occupations. She is of a highly nervous and excitable temperament, is flurried and agitated, and goes off into a fit without any obvious cause, which has of late become a very common occurrence. The heart begins to flutter and throb on the slightest emotion of mind, or any bodily effort, or the fit is ushered in by a sudden burst of tears, or by an involuntary fit of laughter, a sense of tightness and oppression is felt at the epigastrium, but there is no

ascent of flatus. The fingers of both hands are firmly closed, with numbness of the left side, cramps of the limbs, and general trembling. She is, however, not convulsed, nor does she lose her senses; indeed the fits are very slight, may be prevented by rousing her, and arrested by the cold affusion: they leave, on passing off, a sense of chilliness, which is followed by heat of surface and flushing of the face. She is regular every month, but has more or less leucorrhœal discharge during the intervals, none however at present, bowels costive, pulse 80, small and feeble; she is a dyspeptic subject, troubled with flatulence of stomach, and disturbed by fearful dreams at night."

The most prominent of the permanent symptoms existing at the time of her admission were pain, giddiness, and uneasy sensations within the head, palpitation or pulsation of the heart, pain in the left side, extending occasionally towards the scrobiculus cordis, and remarkable weakness and irritability of the stomach; but with these she presented in a very exquisite degree the general morbid sensibility both of body and mind, to which I have had occasion to direct your attention. The secondary local pain, affecting the left side below the mamma, was

by no means considerable, and was moreover very variable in its intensity; it was, however, as is very usually the case, associated with palpitation, or more uniformly with unnatural pulsation of the heart. The hysterical paroxysm was incomplete, it was generally preceded, we were informed, by a tightness and oppression at the epigastrium, but by no distinct globus, whilst neither the mental aberration nor the bodily contortions were so considerable as are commonly observed; but the patient was described as experiencing at the time a numbness of the left side of the body, spasms, impediment in the speech, and other symptoms indicative of disorder of the cerebral functions.

This disturbance in the cerebral functions presents one of the most interesting phenomena of the complaint, and naturally leads to an inquiry into the pathological condition of the brain and nervous system, from whence it proceeds. The symptoms enumerated closely resemble, or indeed are the same as those which attend morbid conditions of the brain of the most serious character; but, as in the complaint under consideration, we know, that, however alarming in appearance, they rarely prove permanent, or rather are rarely followed by serious

or fatal consequences, it becomes a most interesting question, both to the pathologist and to the physiologist to determine in what this peculiarity consists; or, in other words, as we have no evidence in many instances of either vascular or organic disturbance, what is the pathological condition of the brain in hysteria?

In making any attempt to solve this interesting question, we are met by difficulties at every step. We still remain in ignorance of the essential properties of cerebral and nervous matter, we are consequently ignorant of the mode in which the functions of the nervous system are performed; whilst we are unfortunately just as ignorant of the ultimate impression made upon that system by remedies given to restore health. In an investigation like the present, therefore, we must be content to take as our only guide general deductions drawn from accumulated facts. From a consideration of these general deductions it would appear, that disorder of the functions of the brain are *chiefly* referrible to three distinct sources:—first, *altered nutrition* of the brain, of its membrane, or of parts adjacent; such as *hardening* or *softening* of the brain alone, or tubercles or tumours of the brain, its membrane,

or of the skull. Secondly *inflammation of the brain or its membranes;* and thirdly, *irregular circulation* within the head, as is observed in threatening or complete simple apoplexy, and in syncope. Such are the three principal sources of direct disorder of the cerebral functions. To which of these sources, then, are we to ascribe the disorder met with in the complaint we are now considering? Certainly not to organic lesion, the result of altered nutrition: with as little reason can we ascribe it to inflammation, whilst, *in many instances* at least, we have no evidence of its depending upon irregular circulation. What then is the state of the nervous system which characterizes hysteria?

Now, the nervous system is, so far as we know, the only source of sense and motion; it is through this system that impressions are conveyed to the mind from without, and it is through this system alone that the operations of the mind manifest themselves. Providence has so constructed the human machine, and so balanced the susceptibility of the various organs with the impressions made upon them, that in perfect health, and under ordinary circumstances, we acquire such a knowledge of the external world, and experience such emotions, as

are best suited to the station in which we are placed. Disease, however, occasionally disturbs or destroys this healthy balance, existing between the susceptibility of the sentient organs and the external excitants or stimuli to which they are exposed; so that an immoderate action shall be produced, or an undue, or even painful sensation shall be communicated by ordinary causes—such as in a state of health would have no such effect. This morbid susceptibility of impression, however, is not under such circumstances confined to the sentient organs, but appears to involve the mind in a similar ratio, so that extraordinary emotions are excited by very inadequate causes, or by such as in health would be accounted inadequate.

Analogous to this appears to be the actual state of the nervous system in hysteria, a state, nevertheless, infinitely varied in degree, and consequently infinitely varied in its effects in different individuals. It is a state, however, which, so far as we are able to judge from facts, exists independently of any particular condition of the vascular system, although it is not denied that it may be materially influenced by certain states of that system. It is a morbid state of the nervous

system generally, which, by way of distinction, may be said to depend upon some inscrutable change induced by certain causes in the organism or vital endowments of that system, independent of appreciable derangement either of structure or of vascular action—a change, nevertheless, which is sufficiently manifested by the disturbance of the functions of that system, whether that disturbance consist simply of a general morbid susceptibility of body and mind, whether it consist of partial disorder of nervous function in particular parts, or whether it be such as to involve the entire frame in what we designate a hysterical paroxysm. If you ask me why I suppose this state to exist independently of vascular disorder, I can only observe in reply, that I suppose so, because in many instances, even where the disorder of the cerebral functions is most alarming, I have failed to observe, either in the aspect of the patient or in the state of the pulse, any indication of vascular derangement; because, in the next place, I find such disorder of the brain occasionally removed or relieved by remedies which experience teaches us prove injurious in cases where analogous symptoms result from manifest vascular disorder; and, lastly,

because, however alarming in appearance, I have seldom known such disturbance prove permanent, or to be followed by serious or fatal results, which cannot be said of cases of a different description. Admitting it then to be *probable* that the morbid condition of the nervous system is of the character I have supposed, you will probably be disposed to inquire *why* I conclude that it proceeds in this case from uterine irritation, and HOW I suppose such uterine irritation to produce it. In reply to the first question, I would say that I suppose it to arise from uterine irritation because of the frequency of their coexistence—because, making due allowance for original differences of constitution, the disturbance of the nervous system is found to be proportionable to the degree or duration of the uterine irritation, and because I find that whatever abates or removes the uterine irritation, mitigates or removes the disorder of the brain and nervous system. To the second question, HOW uterine irritation produces this state of the nervous system, my only answer is, I know not. When Iodine taken in excess produces general morbid irritability, I acknowledge the fact, but cannot explain it; of the *quo modo* I know nothing; when

the irritation of a rusty nail, or a thorn, or a burn, involves the entire nervous system in tetanus, I acknowledge the fact, but cannot explain it; when long-continued suckling produces a state of the nervous system analogous to that of which I now treat, I acknowledge the fact, but cannot explain it; so in like manner uterine irritation, by its continuance, disorders the functions of the nervous system, as observed in hysteria, but I cannot explain its *modus operandi*. All these phenomena are so intimately connected with nervous and vital endowments, concerning which we still remain in ignorance, that, were I to attempt more it would only betray me into useless speculation and waste of time.

I have been led into this digression in order, if possible, to convey to your minds such a view of the disorder under discussion as shall prepare you to understand and account for the ever-varying character which it presents according to differences of original constitution, and the susceptibility or degree of derangement of individual organs; a character varying not only in these respects, but moreover through every modification of *disordered action* and *morbid sensation*, from the slightest twitching in the alimentary canal to the most violent

convulsions of every voluntary muscle of the body or complete though transitory hemiplegia :—from the most trifling uneasiness to the most exquisite torture. But to revert to our case: As she had no severe pain, and as she was troubled with flatulency, I ordered her the Ammoniacal mixture with Magnesia thrice a day, and four grains of Extract of Conium and one of Blue pill night and morning, and to use the Zinc and Alum injection. In this instance, as not unfrequently happens at first, the injection occasioned some smarting, attended with slight leucorrhœal discharge; by persevering in its use, however, these effects soon disappeared. To open her bowels, I ordered her, on the following day, four grains of the Compound Extract of Colocynth, four of the Extract of Rhubarb, and, to obviate griping, two grains of Extract of Conium. This having failed to act upon the bowels, she took, on the following morning, ten grains more of the Compound Extract of Colocynth, which operated, but griped her a good deal. Her stomach was in so weak and irritable a state that the Conium and Blue pill made her sick, and were afterwards withdrawn. Her appetite was almost completely lost; she had long subsisted entirely upon tea and slops, whilst solid food, especially meat, caused

a distressing sense of weight and oppression in the epigastrium. Here then we had an exquisite case of general susceptibility, with a state of stomach which not only precluded the possibility of giving those laxatives which prove the least irritating and those medicines most likely to relieve the local pain, but such as prevented the patient taking even a moderate proportion of that food which was most likely to benefit her disorder. Under such circumstances I was compelled to content myself with exhibiting the Ammoniacal mixture, to each dose of which I added a dram of the Tincture of Hops, employing at the same time the injection, and keeping the patient quiet in bed. For the local pain in the left breast we tried at first a Belladonna plaister, and afterwards a blister, but with little relief.

She was admitted on the 31st of December, and on the 10th of January the injection was directed to be desisted from, as the menses were expected, and on the following morning the report was that they had appeared, without being preceded by a hysterical paroxysm as usual, and accompanied by much less pain and suffering than she had previously experienced. All this relief I attributed to the open state of her bowels, and to her being kept quiet in

bed; in twelve hours the flow of the menses ceased, when she experienced a considerable aggravation of all her general and local distress. From this state she gradually rallied under the use of Tincture of Hops in Camphor Julep, the use of the injection, and an occasional laxative; so that on the 16th I allowed her a bit of meat, which, however, she herself objected to, in consequence of the uneasiness it was apt to produce in the stomach. It was the extreme irritability of the stomach that compelled me to deviate from the advice I have given you as to the selection of laxatives; here I was obliged to give the Colocynth and Calomel, or the Calomel and Rhubarb in the form of pill, although they always produced much griping.—I did, indeed, order a glyster, but her bowels were so torpid, that I could not trust to it effectually to evacuate them. I need only further add, in reference to this case, that, under the use of the Ammonia and Magnesia, which were resumed, the Extract of Gentian, and the injection, this young woman got gradually better, and left the hospital, I believe, on the 30th, in much better health than she had experienced for a long time. Her general susceptibility was greatly diminished; the disturbance in her head was very much relieved, the hysterical paroxysms ceased to

appear, the distension of the stomach and sense of globus were removed; she could digest animal food, and was going on gaining both mental and bodily vigour—but, Gentlemen, she was not *cured;* this must be accomplished by her own discretion and by attention to the injunctions given her on quitting our ward.

The next case I shall notice is that of ELIZABETH MARTIN, ætat. eighteen, whose case, as drawn up by Mr. Dashwood, is as follows:*

"The catamenia have not been regular for the last two years, occurring at intervals of from six weeks to two months, accompanied with much pain in the back, and lasting a week or ten days; four months ago had pain of the left side, frequent attacks of globus hystericus, sometimes amounting to an absolute hysterical paroxysm; soon after an eruption, having the characters of large blisters filled with serum, arose about the chest, and since which she has had no return of the hysterical symptoms until a week ago, when during the period of menstruation she again became the

* I ought to apologize to the Clinical clerks for transcribing *literally,* cases drawn up without any intention of publication. I have given them thus to avoid bias and partiality.

subject of acute pain of the side, apparently along the course of the arch, and descending portion of the colon; this pain is increased on inspiration, and also by pressure; the bowels are habitually costive; has some cough, accompanied by thin mucous expectoration; pulse 88, soft and quiet; tongue furred in the centre, but clean at the edges; face a little flushed; has frequent palpitations of the heart; has no pain of the head, and has never observed any leucorrhœal discharge."

This young woman appeared to be naturally of a somewhat delicate and susceptible constitution, as indicated by her slender form, her brilliant eye, and thin, transparent skin. She had suffered much from painful and excessive menstruation, so that her whole frame was in a remarkably sensitive state; her stomach too was exceedingly weak and irritable, so that no active opiate given to relieve the pain in the track of the descending colon could be retained. Her head too was so much affected with pain and giddiness that even the Conium and Blue pill could not be persevered in. The cough was purely catarrhal, and had nothing at all to do with the local pain, although the case was presented to our notice as a very good specimen of pleurisy. The pain was

indeed, as often happens, increased both by a full inspiration and by pressure; but its *situation*, independently of its character, precluded the possibility of its being pleuritic; it varied not only in its intensity, but moreover in its seat, so that, after remaining for some time fixed in the region of the descending colon, it moved a little higher up, and afterwards attacked the sigmoid flexure and bladder, attended with painful micturition.

On the 6th of January, or about ten days after admission, I ordered the injection to be used, and on the following day was told that pain in making water had been experienced for the first time. I was, therefore, disposed to attribute it to the wash, which will, in very susceptible habits, occasionally produce an increase of pain, if used quite cold at first. It turned out, however, that the injection had not been used at all in our absence, so that it had nothing whatever to do with the pain in this situation.

On the 30th the menses appeared, and continued four days without pain, a circumstance which I am disposed to ascribe to her having been kept quiet in bed, to the laxative medicines given her, and in part perhaps to a pill of four grains of Ex-

tract of Poppies, and one grain of Ipecacuanha, night and morning, given to relieve the cough. Little attention was paid either to the disturbance in the head, to the palpitation of the heart, or to the local pain, till the cough became relieved under the simplest treatment.

Suffice it to say, in conclusion, that during her stay she was once blooded; that she had a few leeches applied to the region of the sigmoid flexure, a blister to the left side, repeated fomentations, and that on the 12th of February she began the use of the wash, at first tepid. Both the general and local symptoms, however, though variable, proved remarkably stubborn, owing, I believe, to the bad condition into which both the uterus and general system had been brought before we saw her. She remained with us till I quitted the ward, little more than a month, above a fortnight of which we were debarred from the use of proper remedies, by the bronchial affection under which she laboured at the time of admission. We therefore effected less than we otherwise might have done had we had more time.

The next case I shall notice, is one in which we had the pain diffused more generally over the abdo-

men; the case itself, as well as the outline of the progress and treatment, being furnished me by my friend and able assistant, Mr. Dashwood, as follows:

Jane Russ, ætat. twenty, admitted January 13, says, that between five and six weeks ago she was admitted into this Hospital, labouring under acute peritonitis, for which she was copiously blooded and leeched, &c., and was discharged about a fortnight from the time of her admission. At the time of her discharge, she had pain of the left side still remaining; soon after she was again seized with severe pain over the whole abdomen, with great tenderness on pressure, accompanied by difficulty and pain on micturition. The catamenial discharge appeared nine days since and lasted three days, with acute pain in the back, loins, and down the inside of the thighs. The discharge was in smaller quantity than usual—during the last week for the first time has had frequent attacks of the globus hystericus, with vertigo and headach, but not amounting to an absolute hysterical paroxysm. At present she complains of acute, constant pain, and tenderness in the lower part of the abdomen, which is full and soft; her easiest position is with the thighs

flexed. Respiration is slightly hurried, being about twenty-eight in the minute. Pulse 92, and small. Has frequent palpitations of the heart, generally occurring during sleep. Her bowels have lately been much relaxed, but are now regular; tongue slightly furred. The ankles and legs are swollen and painful on pressure; urine is clear and light-coloured, and does not coagulate on the application of heat.—Foveatur Abdom c. Decoc. Papaveris.—Pil. Conii c. Hydr. ter. die.—Jul. Camph. ter die.

15th.—On falling asleep is suddenly awoke with a sense of suffocation, with *most acute pain under the left breast.* Pulse 60, soft and quiet; bowels open; countenance quite tranquil; abdomen tender on the least pressure; has some pain in micturition. Rep. Fotus et Pil.—Rep. Julep Ammoniæ, ter die.

18th.—The pain of the side and abdomen in general, which had been somewhat less during the last two days, again suddenly became much more intense last night, shooting through to the back, accompanied with nausea. Pulse still remains soft and quiet; tongue a little more furred.

22nd.—The catamenial discharge appeared in a slight degree on the 19th, with much pain in the

back, loins and thighs, but ceased on the same day. The pain and tenderness of the abdomen has varied from being occasionally most severe to perfect freedom from all uneasiness. Complains today of great pain during micturition. *Lotio tepida Zinci et Aluminis injicienda.—Rep. Med.*

30th.—The pain and globus hystericus generally recurring during the night, eight drops of Battley's Sedative Liquor were given at bedtime with the most beneficial effect. The Sulphate of Zinc was also tried, but was obliged to be withdrawn on account of its exciting nausea. Her appetite now remains good; she sleeps well at night; has had no return of the globus for some days; the pain and tenderness of the abdomen less in severity, and occurring at longer intervals, and during those intervals she is *perfectly free* from all uneasiness.

Although the next case did not occur in the clinical ward, as it was seen by some of you I shall not scruple to quote it as an example of one of the more acute and equivocal forms of general neuralgia affecting the abdomen.

Ellen Jones, ætat. twenty-seven, admitted into Charity Ward on Wednesday, Oct. 14, 1829.—Is of

a sanguine temperament, with red hair. The menses first appeared at the age of twelve, having been preceded by no other inconvenience than drowsiness. They shortly afterwards entirely ceased till the age of twenty, she having had during the whole of the interval a leucorrhœal discharge occurring at irregular periods. She had also during the continuance of the amenorrhœa experienced a slight hemiplegic attack, from which, however, she is now entirely free. When the menses re-appeared at the age of twenty they continued to recur every two or three weeks, often lasting a whole week, exceedingly copious, and mixed with clots, but attended by no pain in the loins, till her marriage a year and nine months ago. Since then she has had neither a child nor a miscarriage, but the menses have ever since been profuse, recurring every two or three weeks, and attended with violent pains in the loins and pain under the left mamma, the latter often going off and returning again. She says she has had medical advice for the last year past, and has been three times blooded—has had leeches applied, and taken medicine, but in spite of which she got gradually worse up to the present time. The pain she now experiences commenced a fortnight ago

whilst the menses were flowing, and has gradually increased to its present severity. The pain affects the whole of the abdomen, and is so extremely acute that she cries out from the slightest touch. There is, however, no great expression of distress in the countenance; skin rather warm than hot, with a disposition to moisture; tongue foul and slightly brown; pulse frequent and sharp.

There was a time when I certainly should have set this down as a case of peritonitis, which had come on gradually, and had arrived at its present severity from neglect; an opinion indeed which seemed to prevail in the minds of some of those pupils who saw the patient with me. As it occurred, however, in a young female, I was, for the reasons I have mentioned, upon my guard, and expressed my doubts and suspicions to those present. It so happened that whilst we were conversing, the girl actually experienced an imperfect hysterical paroxysm, which appeared in some degree to remove the prevailing scepticism. I ordered twenty leeches to be applied to the belly, and warmth afterwards to encourage the bleeding from the bites, and two grains of Calomel and one

grain of Opium every six hours. As she had had no stool, on the following day I ordered the Senna and Salts; immediately after the operation of which she had relief, and only felt pain in the track of the colon on each side, which also speedily vanished.

On the 23rd I ordered the cold wash and the ammoniacal mixture.

On the 27th she had a return of the pain under the left mamma, but this soon subsided; and she was discharged on the 31st, free from any pain whatever.

Of course this case is related merely with a view to illustrate the general neuralgic pain of the abdomen, and its connexion with the irritable uterus, but without any pretensions to having *cured* the patient. By being kept at rest, and by employing the ordinary means recommended in such cases, she obtained relief, but only, I believe, temporary, unless followed up by attention to the prophylactic measures already pointed out.

The last of our hysterical cases is that of the patient No. 3. Before noticing it, however, it may not be amiss to relate a few examples of those modifications of the complaint which have not been

presented to our notice in the clinical ward; and, in order to be brief, I will dispense with all comment upon them.

Louisa Burgess, ætat. twenty-one, single woman, and apparently of a good constitution, first became regular about the age of sixteen, the appearance having been preceded for five or six months by pain in the back and head, which symptoms were relieved by the change which then took place. She represents herself as having been regular every month, but that the flow has generally been preceded for two days by pain in the loins and legs, giddiness, and occasionally by fits, one of which, she says, lasted three hours. She had four such fits, each preceded by giddiness, and occurring immediately before the menstrual period. Although she has uniformly experienced pain at the period, it is only during the last three months that she has suffered from leucorrhœal discharge. About six weeks ago was seized with violent sick headach, fainting fits, *pain in the right side, under the margin of the ribs*, sometimes extending downwards or over the whole belly, with great tenderness on pressure and occasional palpitation or pulsation of the heart. These pains continued to increase till the time of her

admission into the hospital, at which time they were found to be greatly aggravated by pressure, and in some degree by a deep inspiration.

Elizabeth Beauchamp, ætat. twenty-four, admitted, October 17th, became regular at fifteen, having suffered from pain in the loins for some months previously. Ever since that time she has experienced pains in the loins and thighs, aching in the legs, and coldness of the legs and feet, before and during the discharge. She married about five years ago, soon after which she miscarried in consequence of a fright. She miscarried a second time at the sixth month, but afterwards bore a living child. From the time of her first miscarriage, except whilst pregnant, she has menstruated every fortnight or three weeks. After the second miscarriage, she first felt *severe pain under the left mamma, with beating or pulsation of the heart*, which has prevailed, more or less ever since, but has always been worst during the flow of the menstrual discharge. Five months ago she was suddenly seized with *excruciating pain in the loins*, so severe that she could not stand, but which subsided gradually in three or four hours, leaving a tenderness over the whole of the

abdomen. On the 14th of the present month she was seized suddenly with most severe pain in the lower belly. It came on about five o'clock in the morning and lasted three hours, and was attended with a violent desire but with inability to pass her water. After being well fomented, she succeeded in voiding a little, and the pain went off gradually about eight o'clock. On the following day she was seized with intense pains in the *pit of the stomach*, extending across to each side, without vomiting, but accompanied by considerable nausea and pulsation at the scrobiculus cordis. This pain occasionally abated, but never went off entirely, and two days afterwards returned in so severe a degree, that on being requested to see her I immediately admitted her into the hospital. She appeared at the time to be in the greatest agony, she could not bear the slightest pressure on the parts; she leant forward, and declared that she must speedily die unless relieved. I gave her Æther and Laudanum at once with only partial relief. I then had her bled to twelve ounces, ordered Calomel and Opium, fomentations and glysters, by which on the following day she was free from complaint in the stomach, the pain being then confined to the loins and left side.

Her stomach long remained in a very irritable state.

I have within a very short period had three cases of the general neuralgia of the belly, attended with menorrhagia, but such cases present no peculiarity of sufficient interest to warrant me in entering into detail. I have, however, observed that instances of this general neuralgia, accompanied by a *tympanitic state of the bowels*, although the most distressing, are happily of least frequent occurrence. I remember a very curious case of this kind, which must be in the recollection of some present. It occurred in the person of a middle-aged woman. I was told that she laboured under chronic peritonitis, and, under the influence of high authority, I concluded that it was so. Her belly was as tense as a drum, exquisitely tender, and presented a most singular appearance from the thousands of leeches which it appeared had at various times been applied. Shortly after I first saw her, however, I was astonished, on visiting her, to find the parietes of the belly quite relaxed and altogether free from pain. This led me to investigate the case narrowly, and I found my patient suffering from irritable uterus

and leucorrhœal discharge. Under the appropriate treatment she was relieved, and discharged.

In the next bed to the above, we had a patient supposed to present a case of hepatitis, as indicated by pain under the margin of the ribs of the right side, and a sallow or icteritious aspect of the countenance. This case, however, turned out to be of the same nature as the former, and was treated accordingly.

I have already told you that a case lately occurred in Martha's Ward, which proved so puzzling that I really could not positively determine whether it was peritonitis or mere neuralgia, although from the history of the patient, a young girl of nineteen, who had fallen into prostitution, and from the state of the uterus, there were strong grounds for suspecting it to be merely neuralgia. However, to err on the right side, the case was treated as one of peritonitis. She was blooded to faintness, had Calomel and Opium, Leeches, and so forth. I soon was convinced, however, that I had been wrong. The pain became extremely unsteady, now affecting the ascending, now the descending colon, and then attacking more or less of the abdomen generally, with intervals of perfect ease. She

had a very protracted convalescence, which I ascribed to the severe practice into which my mistake had betrayed me. I need only remark further, that I have known patients literally blanched by repeated bleeding and cupping to remove the neuralgic pains described; and on the other hand, I have known them, after months or years of such injurious practice, speedily relieved, and enabled to enjoy the ordinary comforts of life, by a treatment founded on the principles which I have presumed to recommend to your notice.

The clinical case which remains to be noticed is interesting, inasmuch as it is calculated to remove, in some measure, any doubt that might have prevailed in your minds as to the real connexion existing between the condition of the uterus and the local neuralgic pains of which I have said so much. It certainly, as far as it goes, tends to confirm the opinion I have advanced, as to these two phenomena standing to each other in the relation of cause and effect. The case is as follows:—

"Elizabeth Harris, ætat. twenty-six, a woman of irritable habit, subject to frequent pain of the head and left side, with palpitations of the heart on the least exertion—her menstrual periods are

regular, and generally attended with but little pain, but the discharge is usually rather profuse, with passage of clots, and lasting a week. Last Tuesday, while the catamenia were flowing, accidentally got wet by upsetting a tub of ice-water over her legs and feet; the discharge ceased almost immediately, but she did not feel any inconvenience until Wednesday afternoon, when she was seized with pain, first commencing at the scrobiculus cordis, but soon became fixed at the lower part of the abdomen. This pain gradually becoming more acute, she came into the hospital on Thursday afternoon (February 11th). At that time it was very severe; the abdomen acutely tender to the touch on first making pressure upon it, but after continuing the pressure it was tolerated. Bowels had not been relieved; pulse 120, but without jerk; tongue slightly furred."

When I first saw her she could not bear even slight pressure on any part of the belly, and as she was rather of a full habit of body, I ordered her to lose sixteen ounces of blood—to take a smart dose of Colocynth and Calomel, and to have the belly fomented with the Chamomile fomentation. As I was satisfied as to the character of the pain,

you might perhaps have expected me to order, with moderate depletion, some form of opiate, either by the mouth or by glyster, with a view to relieve the violence of the pain; whilst you were probably surprised at my giving the Colocynth and Calomel, as I have elsewhere said that such a combination usually irritates, and causes an increase of pain in such subjects. I adopted the practice, however, with a hope that this aloetic compound might, in conjunction with the bleeding and fomentation, bring about a return of the menstrual discharge, which I calculated, with tolerable certainty, would afford speedy relief. In the evening she experienced great aggravation of her pain, evidently from the irritation of the pills, so that at nine o'clock Mr. Dashwood gave her six drams of Castor Oil, applied thirty leeches to the belly, and repeated the fomentation. On the following day, her bowels having been freely opened, she obtained considerable relief, the severe pain only coming on at intervals, and being chiefly felt in the region of the sigmoid flexure. On the evening of the 13th, or the third day from her admission, *she had a slight return of the catamenia, and next morning we found her entirely free from pain.* In the

evening, however, *they again ceased*, and at two o'clock in the morning *the pain again returned* in the lower belly. This pain gradually subsided under the treatment adopted, but on the 17th she was represented to be suffering from *acute pain under the margin of the ribs of the right side.* This was supposed by some to be pleuritic, but although it was manifestly increased by inspiration, it varied very much in its intensity, and at intervals was very much aggravated, which with the other symptoms and history of the case, left no doubt in my mind that it was abdominal and purely neuralgic. I applied a blister and gave the Conium. On the following morning she was nearly altogether free from pain.

In this case it is scarcely possible not to associate the state of the uterus and the neuralgic pain in the abdomen as cause and effect, in whatever way or by whatever medium the one may bring about the other. This is a relation, indeed, which must be familiar to every one who has had opportunities of witnessing the consequences which so often arise from a sudden suppression of the lochia shortly after delivery, the check being quickly followed by a severe neuralgic pain attacking the abdomen more or less extensively in different indivi-

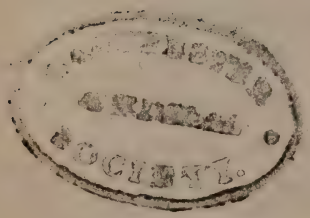
duals; nor do I think it improbable that some of those cases which have been published as anomalous forms of puerperal fever, may have partaken of the same nature, as the painful affections of the abdomen to which I have directed your attention. But this is mere conjecture.

Now, Gentlemen, after all that has been said, I dare say you will be disposed to exclaim, "What you have told us is as old as Hippocrates, the old doctrine of hysteria revived!" Be it so; it is to me a matter of total indifference whether my opinions be regarded as novel or as a revival of the old, provided the impression made upon your minds be permitted to accompany you into practice; and tend to secure you credit and advantage. In truth, Gentlemen, although I do not believe with Plato that the uterus is a living animal, producing the Protean forms of hysteria by a sort of predatory excursion made into different parts of the body, I nevertheless do agree with Hippocrates and many moderns in ascribing the disease, usually so called, to a certain condition of that organ; but I go further, and only regard what they call hysteria as a mere part and parcel of that extensive series of morbid phenomena

which I have endeavoured to point out to your notice in this Lecture; for as to the stale objection to the term hysteria, that some of its symptoms, as the globus, occasionally occur in the male it is scarcely worthy of serious refutation. Since in hysteria the digestive organs amongst the rest are disturbed, it would be singular indeed if some of its symptoms did not present themselves in affections of these organs arising from other causes: and the same may be said of many other apparent anomalies that have been dwelt upon in a similar manner. Neither will I stop to inquire whether any and what sources of mental or bodily irritation are capable of inducing a state resembling that I have described as resulting from the condition of the uterus. My business has been to treat of the latter alone; I leave the rest to others. I shall merely observe that lactation produces a state very analogous to it, if not the same, whilst the two causes combined exert a most powerful and deleterious influence upon the general health, but too extensive to be treated of in this Lecture.

Gentlemen, you must extend indulgence to me if I have appeared too egotistic or too sanguine in this

matter. If I have been egotistic, you will ascribe it to the influence of my conviction as to the importance of the subject; if too sanguine, you will attribute it to my anxiety to furnish you with those advantages which I know must spring from its attentive and careful investigation. But, Gentlemen, if you really require an apology for detaining you so long, I find ample material for that apology in the lively interest which we must all feel in the comfort and happiness of the other sex, doomed as they are, both by the decrees of Providence and by human institutions, to drink deep of the bitter cup of suffering. Whatever may be *her* lot in this world, we, as men, must at least acknowledge that whilst Infinite Power gave us being, Infinite Mercy gave us Woman.



THE END.

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